



**POLITICAL COMMITTEE
STATE OF ARIZONA
CAMPAIGN FINANCE REPORT**

For Office Use Only

CITY OF TUCSON

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1. FIRE FIGHTERS FOR EXCELLENCE IN GOVERNMENT

Full Name of Committee

2264 E. BENSON HWY

Address

TUCSON

City

85714

Zip Code

Phone Number

2. Sponsoring Organization and Office

Name of Candidate and Office Sought (if applicable)

E-Mail Address

Fax #

3A. ID#

05-101-CT

4. REPORTING PERIOD (Please check appropriate box)

FILING DEADLINE

- ☐ January 31 Report -- For Period of
November 29, 2005 through December 31, 2006 January 31, 2007
- ☐ June 30 Report -- For Period of
January 1, 2007 through May 31, 2007 *July 2, 2007
- ☐ Pre-Primary Election Report -- For Period of
June 1, 2007 through August 22, 2007 August 30, 2007
- ☐ Post-Primary Election Report -- For Period of
August 23, 2007 through October 1, 2007 October 11, 2007
- ☒ Pre-General Election Report -- For Period of
October 2, 2007 through October 17, 2007 October 25, 2007
- ☐ Post-General Election Report -- For Period of
October 18, 2007 through November 26, 2007 December 6, 2007
- ☐ January 31, 2009 Report -- For Period of
November 27, 2007 through December 31, 2008 *February 2, 2009

5. SUMMARY

	<i>Column A</i> Total This Reporting Period	<i>Column B</i> Election Period To Date
5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		
5b Cash on Hand at Beginning of this Reporting Period	<u>2,888.09</u>	<u>4,700.00</u>
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	<u>3,750.00</u>	<u>3,750.00</u>
5d Subtotal (add Lines [b] and [c] for Column A and add lines [a] and [c] for Column B)	<u>6,638.09</u>	<u>8,450.00</u>
6a Total Debts and Obligations from Previous Campaign Committee at beginning of the Election Period (or at time Statement of Organization was filed for the new committee) (Do not add or subtract this line from the other lines)		
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	<u>5,960.00</u>	<u>7,771.91</u>
7. Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d - Column A must equal Column B)	<u>678.09</u>	<u>678.09</u>

4293/n76121

*Per A.R.S. 16-916(D) if the date for filing any Campaign Finance report is a Saturday, Sunday or another legal holiday, the filing deadline is the next day that is not a Saturday, Sunday or another legal holiday.

S:\2007Campaign Finance\Forms\2007 State CFA Report Cover Sheet.doc

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name FIRE FIGHTERS FOR EXCELLENCE IN

3. ID# 05-101-C7

2. Report Covering Period From OCT 02, 2007

Thru OCT 17, 2007

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$25 (Total from Schedule A)		
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)	3,750.00	8450.00
(d) Subtotal Contributions [add 4(a), 4(b) and 4(c)]		
(e) Refund of Contributions (Total from Schedule F-2)		
(f) Total contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		
(b) All other loans (Total from Schedule C-1)		
(c) Total loans [add 5(a) and 5(b)]		
6. In-kind contributions (Total from Schedule E)		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. TOTAL Receipts [add 4(f), 5(c), 6, and 7]		
DISBURSEMENTS		
9. Expenditures for Operating Expenses (Total from Schedule D)		
10. Independent Expenditures (Total from Schedule D-1)	15,960.00	17,771.91
11. Value of In-kind expenditures (Total from Schedule E)		
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)		
(c) Total Loan Repayments [add 13(a) and 13(b)]		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)		
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]		
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. TOTAL disbursements [subtract line 17 from line 16]		
19. Total Outstanding Debts owed by Reporting Candidate or Political Comm. (Schedule F-3)		
20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.		
Type or Print Name of Treasurer <u>GERRY BOWLIN</u>	CITY CLERK OFFICE OF THE	
Signature of Treasurer or Candidate or Designating Individual: <u>[Signature]</u>	Date <u>10-23-07</u> OCT 24 AM 11:21	

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CONTRIBUTIONS FROM INDIVIDUALS*
(More than \$25)*

SCHEDULE A

1. Committee Name _____ 3. ID # _____

2. Report Covering Period from _____ thru _____

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			<div>CITY OF TUCSON RECEIVED 07 OCT 24 AM 11:31 OFFICE OF THE CITY CLERK</div>
b.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
c.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
d.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
e.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page line 4(a), Column A]			

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

CONTRIBUTIONS of \$25 or Less - AGGREGATE TOTAL*

SCHEDULE A-1

1. Committee Name _____ 3. ID # _____
2. Report Covering Period from _____ thru _____
4. Aggregate Total of Contributions of \$25 or Less _____

Description	Amount Received This Period	Cumulative Total This Campaign To Date
		<div style="text-align: center;"> CITY OF TUCSON RECEIVED 07 OCT 21 AM 11:31 OFFICE OF THE CITY CLERK </div>
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4 (b), Column A]		6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]

*If contributions of \$25 or less are listed with contributors name and address on Schedule A, do not include them on this schedule.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

1. Committee Name FIRE FIGHTERS FOR EXCELLENCE IN GOVERNANCE 3. ID# 05-101-CT
2. Report Covering Period from: OCT. 02, 2007 thru OCT. 17, 2007

CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
ID#, NAME, AND ADDRESS OF CONTRIBUTOR AND DATE RECEIVED			
a. ID # <u>0000-02124</u> DATE RECEIVED <u>10-2-07</u>	NAME, ADDRESS, CITY, STATE AND ZIP <u>TUCSON POLICE OFFICERS ASSN.</u> <u>333 W. FT. LOWELL #211</u> <u>TUCSON, AZ 85705</u>	<u>\$1,000.00</u>	<u>\$1,000.00</u>
b. ID # <u>2004-02653</u> DATE RECEIVED <u>10-2-07</u>	NAME, ADDRESS, CITY, STATE AND ZIP <u>SURPRISE PROFESSIONAL FIRE FIGHTERS</u> <u>515 E. CAREFREE HWY PMB 112</u> <u>PHOENIX, AZ 85025</u>	<u>\$250.00</u>	<u>\$250.00</u>
c. ID # <u>2000-02330</u> DATE RECEIVED <u>10-2-07</u>	NAME, ADDRESS, CITY, STATE AND ZIP <u>MESA FIRE FIGHTERS PAC</u> <u>P.O. BOX 248</u> <u>MESA, AZ 85211</u>	<u>\$2000.00</u>	<u>\$2000.00</u>
d. ID # <u>2000-02326</u> DATE RECEIVED <u>10-15-07</u>	NAME, ADDRESS, CITY, STATE AND ZIP <u>LAKE HAVASU FIRE FIGHTERS PAC</u> <u>P.O. BOX 1515</u> <u>LAKE HAVASU CITY, AZ 86405</u>	<u>\$250.00</u>	<u>\$250.00</u>
e. ID # <u>0000-01329</u> DATE RECEIVED <u>10-15-07</u>	NAME, ADDRESS, CITY, STATE AND ZIP <u>U.P.F.F. TEMPE CHAPTER PAC</u> <u>61 E. COLUMBUS AVE STE 200</u> <u>PHOENIX, AZ 85012</u>	<u>\$250.00</u>	<u>\$250.00</u>
f. ID # DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
g. ID # DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
h. ID # DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
i. ID # DATE RECEIVED	NAME, ADDRESS, CITY, STATE AND ZIP		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B (If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A)		<u>\$3750.00</u>	

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CANDIDATE LOANS

SCHEDULE C

1. Committee Name _____

3. ID # _____

2. Report Covering Period from _____ thru _____

4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	NAME AND ADDRESS FROM WHOM RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
b.	NAME AND ADDRESS FROM WHOM RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
c.	NAME AND ADDRESS FROM WHOM RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
d.	NAME AND ADDRESS FROM WHOM RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
e.	NAME AND ADDRESS FROM WHOM RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
f.	NAME AND ADDRESS FROM WHOM RECEIVED NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C (If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A)			

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OTHER LOANS

SCHEDULE C1

1. Committee Name _____

3. ID # _____

2. Report Covering Period from _____ thru _____

4.	ALL OTHER LOANS	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.			
a.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
b.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
c.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
d.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(b), Column A]			

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name _____

2. ID# _____

3. Report Covering Period from: _____ thru _____

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detailed Summary Page, Line 9, Column A]		

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*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit.

INDEPENDENT EXPENDITURES *

SCHEDULE D-1

1. Committee Name <u>FIRE FIGHTERS FOR EXCELLENCE IN GOVERNMENT</u>	3. ID# <u>05-101-CT</u>
2. Report Covering Period from <u>OCT 02, 2007</u> thru <u>OCT 17, 2007</u>	
4.	
INDEPENDENT EXPENDITURES	
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	
a. NAME, ADDRESS, CITY, STATE AND ZIP <u>CITADEL BROADCASTING</u> <u>575 W. ROGER RD.</u> <u>TUCSON, AZ 85705</u>	DATE EXPENDITURE MADE <u>10-15-07</u>
PURPOSE AND DESCRIPTION OF PURCHASE <u>44 RADIO SPOTS</u>	AMOUNT OF THE EXPENDITURE <u>\$5,960.00</u>
Benefited <input checked="" type="checkbox"/> Opposed <input type="checkbox"/>	
CANDIDATE <u>LORI OIEN</u>	OFFICE SOUGHT <u>CITY COUNCIL</u>
YEAR OF ELECTION <u>2007</u>	
b. NAME, ADDRESS, CITY, STATE AND ZIP	
PURPOSE AND DESCRIPTION OF PURCHASE	
Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>	
CANDIDATE	OFFICE SOUGHT
YEAR OF ELECTION	
c. NAME, ADDRESS, CITY, STATE AND ZIP	
PURPOSE AND DESCRIPTION OF PURCHASE	
Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>	
CANDIDATE	OFFICE SOUGHT
YEAR OF ELECTION	
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 (If last page of Schedule D-1, transfer total to Detailed Summary Page, Line 10, Column A)	
<u>\$5,960.00</u>	

* SEE A.R.S. STATUTE 16-901(14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

151
Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

INDEPENDENT EXPENDITURES *

SCHEDULE D-1

1. Committee Name _____ 3. ID# _____

2. Report Covering Period from _____ thru _____

INDEPENDENT EXPENDITURES			DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED				
a.	NAME, ADDRESS, CITY, STATE AND ZIP			
	PURPOSE AND DESCRIPTION OF PURCHASE Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>			
	CANDIDATE	OFFICE SOUGHT YEAR OF ELECTION		
b.	NAME, ADDRESS, CITY, STATE AND ZIP			
	PURPOSE AND DESCRIPTION OF PURCHASE Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>			
	CANDIDATE	OFFICE SOUGHT YEAR OF ELECTION		
c.	NAME, ADDRESS, CITY, STATE AND ZIP			
	PURPOSE AND DESCRIPTION OF PURCHASE Benefited <input type="checkbox"/> Opposed <input type="checkbox"/>			
	CANDIDATE	OFFICE SOUGHT YEAR OF ELECTION		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page, Line 10, Column A]				

* SEE A.R.S. STATUTE 16-901(14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

Signature of Treasurer _____

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name _____

3. ID# _____

2. Report Covering Period from _____ thru _____

LOANS MADE BY REPORTING COMMITTEE		DATE LOAN MADE	AMOUNT OF THE LOAN
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE			
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
g.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
h.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [If last page of Schedule D-2, transfer total to Detailed Summary Page, Line 12, Column A]			

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OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name _____

2. ID# _____

3. Report Covering Period from: _____ thru _____

4. REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES		DATE REFUND RECEIVED	AMOUNT OF THE REFUND
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED			
a.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF REFUND		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 (If last page of Schedule D-3, transfer total to Detailed Summary Page, Line 17, Column A)			

* Includes return of contributions made by reporting committee.

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name _____

2. ID# _____

3. Report Covering Period from: _____ thru _____

4.	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
a.	NAME, ADDRESS, CITY, STATE AND ZIP		
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
d.	NAME, ADDRESS, CITY, STATE AND ZIP		
e.	NAME, ADDRESS, CITY, STATE AND ZIP		
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detailed Summary Page, Line 13(a), Column A]		

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REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

1. Committee Name _____

2. ID# _____

3. Report Covering Period from: _____ thru _____

4.	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		07 OCT 24 AM 11:32 CITY OF UCON RECEIVED OFFICE OF THE CITY CLERK
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name _____ 2. ID# _____
3. Report Covering Period from _____ thru _____

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [If last page of Schedule D-6, transfer total to Detailed Summary Page, Line 14, Column A]		

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ANY OTHER DISBURSEMENTS

SCHEDULE D-7

1. Committee Name _____ 2. ID# _____
3. Report Covering Period from _____ thru _____

4. ANY OTHER DISBURSEMENTS		DATE	AMOUNT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		DISBURSEMENT MADE	OF THE DISBURSEMENT
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		CITY OF TUCSON RECEIVED 07 OCT 24 AM 11:33 OFFICE OF THE CITY CLERK
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page, Line 15, Column A]		

IN-KIND CONTRIBUTIONS AND EXPENDITURES

SCHEDULE E

1. Committee Name _____

2. ID # _____

3. Report Covering Period from: _____ thru _____

IN-KIND CONTRIBUTIONS AND EXPENDITURES		DATE	FAIR MARKET VALUE
NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN			
a.	<div>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div> <div>CONTRIBUTION <input type="checkbox"/></div> <div>EXPENDITURE <input type="checkbox"/></div> </div> <div>DESCRIPTION</div> <div> <div>OCCUPATION</div> <div>EMPLOYER</div> </div>		
b.	<div>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div> <div>CONTRIBUTION <input type="checkbox"/></div> <div>EXPENDITURE <input type="checkbox"/></div> </div> <div>DESCRIPTION</div> <div> <div>OCCUPATION</div> <div>EMPLOYER</div> </div>		CITY OF TUCSON RECEIVED 07 OCT 24 AM 11:33 OFFICE OF THE CITY CLERK
c.	<div>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div> <div>CONTRIBUTION <input type="checkbox"/></div> <div>EXPENDITURE <input type="checkbox"/></div> </div> <div>DESCRIPTION</div> <div> <div>OCCUPATION</div> <div>EMPLOYER</div> </div>		
d.	<div>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div> <div>CONTRIBUTION <input type="checkbox"/></div> <div>EXPENDITURE <input type="checkbox"/></div> </div> <div>DESCRIPTION</div> <div> <div>OCCUPATION</div> <div>EMPLOYER</div> </div>		
5.	ENTER TOTAL OF IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page, Line 6, Column A]		
6.	ENTER TOTAL OF IN-KIND EXPENDITURES ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page, Line 11, Column A]		

DIVIDENDS, INTEREST AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name _____

2. ID# _____

3. Report Covering Period from: _____ thru _____

DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS		DATE RECEIVED	AMOUNT OF THE RECEIPT
4.	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		CITY OF TUCSON RECEIVED 07 OCT 24 PM 11:33 OFFICE OF THE CITY CLERK
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page, Line 7, Column A]		

OFFSETS TO CONTRIBUTIONS RECEIVED*

SCHEDULE F-2

1. Committee Name _____

2. ID # _____

3. Report Covering Period from: _____ thru _____

4.	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		07 OCT 24 AM 11:33 CITY OF TUCSON RECEIVED OFFICE OF THE CITY CLERK
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 (If last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(e), Column A)		

* Includes return of contributions received by reporting committee .

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

1. Committee Name _____

2. ID# _____

3. Report Covering Period from: _____ thru _____

DEBTS AND OBLIGATIONS		OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED					
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 (If last page of F-3, transfer total to Detailed Summary Page, Line 19, Column A)				